

**DECLARATION AND POWER OF ATTORNEY - PATENT APPLICATION**

As a below named inventor, I hereby declare: that my citizenship, residence and post office address are as stated below; that I verily believe I am the original, first and sole inventor (if only one is named below) or a joint inventor (if plural inventors are named below) of the invention entitled:

the specification of which \_\_\_\_\_ is attached hereto

X was filed on July 21, 2000 as Application  
Serial No. 09/625,202 and was amended on  
July 21, 2000.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
<u>9805504.9</u> (Number)	<u>GB</u> (Country)	<u>13 March 1998</u> (Day/Month/Year Filed)	Yes	<u>X</u> No
<u>9801308.9</u> (Number)	<u>GB</u> (Country)	<u>21 January 1998</u> (Day/Month/Year Filed)	<u>X</u> Yes	<u>    </u> No
<u>9801306.3</u> (Number)	<u>GB</u> (Country)	<u>21 January 1998</u> (Day/Month/Year Filed)	<u>X</u> Yes	<u>    </u> No
<u>9801305.5</u> (Number)	<u>GB</u> (Country)	<u>21 January 1, 1998</u> (Day/Month/Year Filed)	<u>X</u> Yes	<u>    </u> No
<u>9801302.2</u> (Number)	<u>GB</u> (Country)	<u>21 January 1998</u> (Day/Month/Year Filed)	<u>X</u> Yes	<u>    </u> No
<u>9804600.6</u> (Number)	<u>GB</u> (Country)	<u>5 March 1998</u> (Day/Month/Year Filed)	<u>X</u> Yes	<u>    </u> No
<u>9805126.1</u> (Number)	<u>GB</u> (Country)	<u>11 March 1998</u> (Day/Month/Year Filed)	<u>X</u> Yes	<u>    </u> No



(Full Name)

(Signature)

Date \_\_\_\_\_ Inventor \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

(Full Name)

(Signature)

Date \_\_\_\_\_ Inventor \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_